DOCUMENT RESUME

ED 294 401 EC 202 572

AUTHOR Goodman, Sherryl H.
TITLE The Developmental Course of Young Children with Emotionally Disturbed Mothers.
PUB DATE Apr 87
NOTE 16p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Baltimore, MD, April 23-26, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Problems; Black Mothers; Black Youth; *Developmental Disabilities; *Emotional Disturbances; *Family Environment; High Risk Persons; *Infant Behavior; Low Income; *Parent Child Relationship; Risk; Schizophrenia; Social Development; Young Children
IDENTIFIERS *Disabled Parents

ABSTRACT

The vulnerability of children to developmental problems was studied in three groups of young children: (1) children with schizophrenic mothers (N=35); (2) children with severely depressed mothers (N=19); and children with well mothers (N=21). The children ranged in age from birth to 5 years, with 64 percent under age 2, and came from families who were black, inner-city residents with low incomes and poorly educated mothers who were usually heads of households. The children were evaluated three times, at 1-year intervals, using an extensive battery of tests, observations, and interviews to examine their social, intellectual, and emotional development and the quality of their child-rearing environment. Data from the first evaluations indicated that schizophrenic offspring, as a group, exhibited more social behavior problems than the children with depressed or well mothers. The children of depressed mothers also scored poorly in the areas of role play and using the mother as a resource but otherwise performed comparably to the well group. At the time of the third evaluation, however, the children with depressed mothers actually were worse off than the other two groups on five of six variables for social behavior. (VW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED294401

The Developmental Course of Young Children with Emotionally Disturbed Mothers

Sherryl H. Goodman
Emory University

Paper presented as part of a symposium, The development and assessment of externalizing and internalizing disorders in childhood, Dante Cicchetti, chair and Kenneth Rubin, organizer, at the Biennial Meeting of the Society for Research in Child Development, Baltimore, April 23-26, 1987.

CG 020 572

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Sherryl H. Goodman
TO THE EDUCATIONAL RESOURCES

In the tradition of high-risk research in psychopathology (Mednick & McNeil, 1968) children of schizophrenic mothers were selected for study to answer some questions about developmental psychopathology. However, rather than basing hypotheses on genetic theories of high risk, these children and their families were studied in an effort to identify aspects of early experience which might predict abnormal development within early childhood. For in addition to their genetic risk status, it was hypothesized that children with schizophrenic mothers also are exposed to pathogenic influences of inadequate child-rearing environments.

Three groups of children were studied: children with schizophrenic mothers, children with severely depressed mothers, and children with well mothers. Further, the families were black, inner city residents with low income, poorly educated mothers who usually were heads of the households. This sample was selected partly because it was estimated that their limited resources would act as an additional (or interactive) vulnerability factor.

Children ranged in age from birth to five years old at the beginning of the study. However, the sample was strongly biased towards the youngest children within that age range. Forty-four percent of the children were less than one-year-old and another 20% were between one and two years old. The design combined cross-sectional and short-term longitudinal approaches with three testing times, each one year apart. That is, we studied each family for a total of two years. They were tested when we first met them, then again one year later, and for the third time another year later. It should be noted that these data were collected in the context of a preventive intervention program. After the first set of tests was administered, families with schizophrenic or depressed mothers were randomly assigned to intervention or control groups.

Since the second and third data sets would potentially have been affected by the interventions for participants, it is only the control group subjects who were included in the analyses of follow-up data here. Therefore, the sample sizes of the groups of schizophrenic offspring and the depressives' offspring are much smaller at the second and third data sets than at the first. Consequently, statements about continuity and change are only made tentatively pending replication.

Sample distribution by mother's diagnosis and child's age was as follows [SHOW OVERHEAD/Table 1]

Table 1

Child's Age by Mother's Diagnosis at Each Testing Time:

Means and Ranges

	Testing Time		
Mother's Diagnosis	T1	T2	T3
Schizophrenic			
N	35	11	11
Mean (months)	26	35	42
Median	27	37	35
Range	0-60	16-61	24-73
Depressed			
N	19	9	8
Mean (months)	23	30	46
Median	21	32	45
Range	3-47	13-52	25-65
Well			
N	21	28	25
Mean (months)	26	32	40
Median	22	27	36
Range	5-57	12-69	25-81
Total			
N	75	48	44
Mean (months)	25	32	43
Range	0-60	12-69	24-81

An extensive battery of tests, observations, and interviews was administered at each of the three testing times to examine: 1) the childrens' social, intellectual, and emotional development, and 2) the quality of the child-rearing environment. Children's measures (SHOW OVERHEADS/Tables 2 & 3) included individual intelligence testing, home observations of social behavior, lab observations of interactions with their mothers, and neuropsychiatric evaluations. The quality of the child-rearing environment (SHOW OVERHEAD/ Table 4) was assessed by measures of several aspects of the mother's functioning, use of the HOME Inventory, the laboratory mother-child observation, and information obtained on any secondary caregivers or other resources.

Staying within the focus of this symposium, for this presentation I will only address the findings with regard to children's social and emotional development. The two measures of social development were the home observation of children, rated with White's social competence procedure, and videotaped laboratory observations of children interacting with their mothers, using the Clark, Musick and Cohler rating scale. Also, emotional functioning was measured with evaluative ratings completed by the child psychiatrist who individually examined each child.

Data analyses were designed to answer two questions. First, were schizophrenic offspring performing poorly relative to children with depressed or well mothers? Second, were specific aspects of the mother's functioning or of the environment related to deficits noted in the children?

Results from the first data set [SHOW OVERHEAD /Table 5] indicated that schizophrenic offspring, as a group, exhibited more problems in social behavior than children with depressed mothers or children with well mothers.

Table 2

Child Outcome Variables and Measures

Intellectual functioning

- Bayley or McCarthy

Social functioning

- Home observations of social competence (B. White)
  - Ratings of:
  - Expession of affection
  - Expression of hostility
  - Role Play
  - Using the mother as a resource
  - Pride in personal product
- Lab observations (Clark & Musick)
  - Ratings of:
  - Affect
  - Disposition
  - Activity Level
  - Behavior
- Physical and neuropsychiatric
  - Birth records
  - Physical measurements and health ratings
  - Neuropsychiatric evaluation

Table 3

Mother-Child Relationship Measure

Laboratory playroom

Semistructured play

Videotaped observation

Behavior rating scale (Clark & Musick)

Mother - tone of voice

mood

expressed affect

Dyadic - affective quality

mutuality

Table 4

Child-Rearing Environment Measures

HOME Inventory (Bradley & Caldwell)

- Emotional and verbal responsivity of the mother
- Avoidance of restriction and punishment
- Provision of appropriate play materials
- Stimulation

Household composition

Secondary caregivers

Social and community resources

Table 5

Children's Social Competence by Mother's Diagnosis

Variable	Measure	Group Differences T1
		N = 75
Expression of affection	Home obs.	S1 < W
Expression of hostility	Home obs.	S < W
Role play	Home obs.	S,D < W
Using the mother as a resource	Home obs.	S,D < W
Pride in personal product	Home obs.	ns
Communicative competence	Lab obs.	S < D,W
Expression of negative affect	Lab obs.	S < D,W
Activity level (higher)	Lab obs.	S > W
Angry and hostile disposition	Lab obs.	ns
Anxiety	Lab obs.	ns
Attentional abilities	Lab obs.	ns

[1]S = Schizophrenic

D = Depressed

W = Well

Schizophrenic offspring were observed to display flat affect, little expression of affection or hostility, less competence in their communication efforts (verbal and non-verbal) and a higher activity level.

Children with depressed mothers scored just as poorly as children with schizophrenic mothers, relative to children with well mothers on two variables: role play and using the mother as a resource. On other variables, children with depressed mothers either did not significantly differ from either other group, or performed as well as children with well mothers. There were no variables in the first data set on which children with depressed mothers performed more poorly than children with schizophrenic mothers.

Next, we looked at what happened over time, the one year and two year later assessments. [SHOW OVERHEAD/Table 6] We looked both for continuities in group differences or lack of differences and patterns of change over time. Only on one variable were there group differences at all three testing times. That variable was expression of negative affect, as rated in the lab observations of children interacting with their mothers. At both the first and third testing times, schizophrenic offspring were rated as expressing more negative affect than either other group. However, at the second testing time, both groups of children with disturbed parents were rated as expressing more negative affect than children with well mothers. In the one year followup, we found that schizophrenic offspring were no longer worse off than the others on four of the variables on which differences had been found at first contact. Those variables on which the schizophrenic offspring seemed to recover were expression of affection and hostility, communicative competence, and activity level. Also, children of both groups of disturbed parents no longer were rated

Table 6

Children's Social Competence by Mother's Diagnosis:

Three Measurement Times

		Group Differences		
Variable	Measure	T1	T2	T3
		N = 75	N = 48	N = 44
Expression of affection	Home obs.	S < W	ns	D < S,W
Expression of hostility	Home obs.	S < W	ns	D < S,W
Role play	Home obs.	S,D < W	ns	D < S,W
Using the mother as a resource	Home obs.	S,D < W	ns	ns
Pride in personal product	Home obs.	ns	ns	D < S,W
Communicative competence	Lab obs.	S < D,W	ns	ns
Expression of negative affect	Lab obs.	S < D,W	S,D < W	S < D,W
Activity level (higher)	Lab obs.	S > W	ns	ns
Angry and hostile disposition	Lab obs.	ns	S < W	ns
Anxiety	Lab obs.	ns	S < W	ns
Attentional abilities	Lab obs.	ns	ns	D < S,W

as poorer in role play and using the mother as a resource as they had been at first contact.

Not only did the schizophrenic offspring recover, but at the two-year followup it was the children with depressed mothers who were worse off. In fact, at the third testing time, of the six variables on which group differences were found, children with depressed mothers were worse off than others on five of those variables. That is, when the mean age of the children was two years,it was the children of schizophrenic mothers who showed the most problems in social behaviors but two years later, when the mean age of the children was 3 1/2, it was the children with depressed mothers whose social behavior was worse off than others.

Further analyses were conducted in order to get a better understanding of the manner by which the mother's psychopathology might be transmitted to the child, in this case in the form of problems with social behavior. Aspects of the mother's behavior and pathology with which we looked for relationships to child's social behavior included the degree of the mother's disturbance and level of functioning, independent of diagnosis, the number of hospitalizations, the mother's own ability to solve interpersonal problems, and the mother's premorbid social competence. Premorbid social competence was measured with Zigler and Phillips' composite measure including education, age, marital status, work experience. Results indicated that each of the variables, except number of hospitalizations was related to child social behavior. Thus, independent of the mother's diagnosis, children with the more severely disturbed mothers, the lowest level of functioning currently and premorbidly, and the lowest ability to solve interpersonal problems also had children whose social behavior was inadequate.

Next, we looked at children's emotional functioning. The quality of children's emotional functioning was assessed by a child psychiatrist who individually examined each child in an unstructured clinical interview. The psychiatrist rated a list of psychiatric symptoms as present or absent and, if warranted, assigned a diagnosis using DSM III criteria.

As one would expect for the age of the children, very few children were judged as showing signs of psychiatric disturbance. (SHOW OVERHEAD/Table 7) Children with schizophrenic mothers and children with depressed mothers were equally likely to be diagnosed. Older children were more likely to be diagnosed than younger children. Percentage of both schizophrenic and depressives' offspring diagnosed were approximately 6% at T1, 4% at T2, and 12% at T3. Mean age at first diagnosis was 31 months, even though 64% of the children were less than 24 months old when we first met them. Boys were significantly more likely to be diagnosed than girls.

With regard to the actual diagnoses, we saw an array of disorders representing both externalizing and internalizing symptoms. Attention deficit disorders with hyperactivity and conduct disorders were noted as were anxiety disorders and developmental disorders.

Stability of diagnostic status over time was low. This was considered to be due to the young age of the children at first testing. While one child was diagnosed as ADD/Hyperactive at the first testing time and each of the two other evaluations, most children received their first diagnosis only at the third testing time. Without further follow-up, we do not know about stability of these diagnoses into middle childhood.

Table 7

Children's Psychiatric Status by Mother's Diagnosis

	Testing Time		
Mother's Diagnosis	T1	T2	T3
Schizophrenic	Developmental Disorder (N=2)		Adjustment Disorder (N=1)
	Anxiety Disorder (N=1)	Anxiety Disorder (N=1)	Developmental Disorder (N=4, one with retardation)
		ADD/Hyperactivity (N=1)	Conduct Disorder (N=1)
Depressed	ADD/Hyperactivity (N=2)	ADD/Hyperactivity (N=1)	ADD/Hyperactivity (N=1)
			Developmental Disorder (N=1)
			Anxiety & Conduct Disorder (N=1)
Well			ADD/Hyperactivity (N=1)

This study included both observational measures of children's social functioning in interaction with their mothers and a psychodiagnostic evaluation of the children. With this very young sample of children, we were not surprised to find much inconsistency in the course of their development over the two year time frame. Yet even at these young ages children of the most disturbed mothers, those reared in the most emotionally and physically impoverished environments, emerged as showing early signs of problems in development. Consistent with other studies, problems noted in social behavior and the diagnosed disorders do not neatly fit into either an externalizing or an internalizing conceptualization of symptoms. However, children with depressed mothers, at the oldest age sampled, did show a pattern of internalizing problems in interaction with their mothers. It may be that children with depressed mothers miss the opportunities for interpersonal experiences that aid the development of social competence and protect against psychopathology. The data may provide evidence of children having turned off from repeated failures of efforts to engage their mothers in social interaction. As such, these may be early signs of affective disorders in the children.

One question on which our current studies are focused is: Is the quality of the early interactive environment provided by the disturbed parent predictive of social and emotional development in children? And how well do these early interactive experiences and any signs of developmental abnormalities predict psychopathology in the offspring?